

(1) OWNER: Name MRS HARRY RACE Address WAHIOKEA ISLAND  
(2) LOCATION OF WELL: County ISLAND SE 1/4 NW 1/4 Sec 7 T. 31 N., R. 2 W.M.  
Bearing and distance from section or subdivision corner (625' N & 731' W FROM CENTER OF SEC 7)

(3) PROPOSED USE: Domestic ☒ Industrial ☐ Municipal ☐  
Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one) **井数** 1

New well <input type="checkbox"/>	Method: Dug <input type="checkbox"/>	Bored <input type="checkbox"/>
Deepened <input type="checkbox"/>	Cable <input checked="" type="checkbox"/>	Driven <input type="checkbox"/>
Reconditioned <input type="checkbox"/>	Rotary <input type="checkbox"/>	Jetted <input type="checkbox"/>

(5) DIMENSIONS: Diameter of well ..... 6 ..... inches.  
 Drilled.....ft. Depth of completed well.....ft.

**(6) CONSTRUCTION DETAILS:**

**Casing installed:** 6 " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Threaded ☐ \_\_\_\_\_ " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Welded ☐ \_\_\_\_\_ " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**Perforations:** Yes ☐ No ☐ ?

Type of perforator used \_\_\_\_\_

SIZE of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**Screens:** Yes ☐ No ☐ ?

Manufacturer's Name \_\_\_\_\_

Type \_\_\_\_\_ Model No. \_\_\_\_\_

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel packed: Yes ☒ No ☐ Size of gravel: \_\_\_\_\_  
Gravel placed from 223 ft. to 238 ft.

**Surface seal:** Yes ☐ No ☐ To what depth? \_\_\_\_\_ ft.

Material used in seal \_\_\_\_\_  
 Did any strata contain unusable water? Yes ☐ No ☐  
 Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_  
 Method of sealing strata off \_\_\_\_\_

(7) PUMP: Manufacturer's Name \_\_\_\_\_  
Type: \_\_\_\_\_ H.P. 3

(8) **WATER LEVELS:** Land-surface elevation (139) ft. above mean sea level.  
 Static level (131) ft. below top of well Date \_\_\_\_\_  
 Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_  
 Artesian water is controlled by \_\_\_\_\_ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☒ No ☐ If yes, by whom? DGS Pumps  
Yield: 44 gal./min. with 11 ft. drawdown after 4 hrs.  
" " " "  
" " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time		Time		Time	
Water Level		Water Level		Water Level	
ONE MINUTE RECOVERY.					

Date of test 9-2-80

Date of test \_\_\_\_\_  
 Bailer test \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
 Antidrain flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_

Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_  
 Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☐

**(10) WELL LOG:**

**Formation:** Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL.	FROM	TO
BLUE CLAY	1	187
SANDY HARDPAN - SOME WATER	187	221
VERY HARD HARDPAN	221	223
COARSE WATER-BEARING SAND	223	225
V-COARSE WATER-BEARING GRAVEL	225	238

~~INFO. FROM  
APPLICANT~~

Work started \_\_\_\_\_, 19\_\_\_\_. Completed \_\_\_\_\_, 1948

**WELL DRILLER'S STATEMENT:**

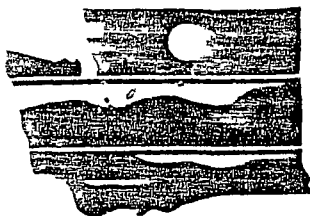
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME: ANGUS SCURLOCK  
(Person, firm, or corporation) (Type or print)

Address .....

[Signed] \_\_\_\_\_ (Well Driller)

License No. \_\_\_\_\_ Date \_\_\_\_\_, 19\_\_\_\_



WASHINGTON STATE  
DEPARTMENT OF  
ECOLOGY

# Well Tagging Form

Unique Well Tag No: AGA 982

## RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available
- Source #1*

## WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name RACE LAQUON HTS ASSN Last Name \_\_\_\_\_  
706509

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

## LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: WELCHER/DENNISWOOD

City \_\_\_\_\_ County \_\_\_\_\_

T \_\_\_\_\_ N R \_\_\_\_\_ WM Sec \_\_\_\_\_ 1/4 of the \_\_\_\_\_

## FOR AGENCY USE ONLY

Latitude \_\_\_\_\_

Longitude \_\_\_\_\_

Elevation at land surface \_\_\_\_\_ feet/meters (circle one)

Additional information, if available.

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other \_\_\_\_\_

*State Health*

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size or casing type or well, housing etc)

6" CASING - HOUSING OF WOOD (~6-7' HIGH) PAINTED BROWN / GREEN

SOURCE # 2 SITS NE

Location of Well Identification Tag

CASING

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

Scale 1 24 000 (1' = 2 000)

Indicate the location of the well within the Section by drawing a dot at that point

SECTION \_\_\_\_\_

C	B	A
F	G	H
L	K	J
P	Q	R

REMARKS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right #

Date Issued

One

Application

Permit

Certificate

Claim

Exempt